Ellective December 29, 1999									ı	174		5 <i>&C</i>	1/09		
			AIMS AS FILED - PART I (Column 1) (Column 2)							L ENTIT			ER THAN		
FOR							IUMBER EXTRA				OF	R SMAL	L ENTITY		
733	ASIC FEE		7.50	ভঙ্গ ্ৰহ				RATE			RATE	FEE			
H	·							-	345.0)0 OF	3	690.00			
ŀ	OTAL CLAIMS	minus 20= •			-					OF	X\$18=				
_	INDEPENDENT CLAIMS S minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT						4	X39=		OF	X78=	Kh			
H									+130=		OR	+260=	-		
	* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL		OR	TOTAL	840		
	7/03/03	03 03 (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT A	,	REM/	AINING TER DMENT		PA	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE		
	Total Independent	• (1		Minus	 ''	10	=		X\$ 9=		OR	X\$18=			
₹	FIRST PRES		N OF MI	Minus ULTIPLE DE	PEND	ENT CLAIM	<u> </u>		X39=		OR	X78=			
								1	+130=		OR	+260=			
	11.							<u> </u>	TOTAL		OR	TOTAL	. 		
5	20/04	(Colu			(Co	olumn 2)	(Column 3)	AL	ODIT. FEE	L	70	ADDIT. FEE			
	e de la companya de l	CLA REMA AFT AMENO	INING ER	*	H N PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
	Total Independent	. (1		Minus	••		=		X\$ 9=		OR	X\$18=	FEE		
	FIRST PRESE	NTATION	OF MU	Minus	PENDE	NT CLAIM	=/		X39=		OR	X78=			
						ODAIN			+130=		OR	+260=			
	, 161, 4						,	AD	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE			
7	11/10/10/	(Colum				lumn 2)	(Column 3)								
		REMAIN AFTE AMEND	NING R	i i	NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL		
L	Total	· 10		Minus:	••		= /	卜、	(\$ 9= ·	FEE		VC40	FEE		
<u> </u>	ndependent	. 5		Minus	•••	/	=/	\vdash	(39=		OR	X\$18=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	X78≃			
	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=			
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												TOTAL			
	e Highest Numb	IUBI Pravio	IISIV PAIC	I FAC IN TUIC	CDACE	= in Inna +	A	found i	n the appr	opriate box		DDIT. FEE L Nn 1.			
			•						- •						

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number